



**REQUEST FOR RECONSIDERATION FORM
 2009/2010 - Parent**

Student's Name _____
E-mail Address _____

UNC Charlotte ID Number _____
Student's Phone Number _____

UNC Charlotte makes every effort to assist students by providing financial assistance to help meet the cost of education. We recognize that there may be extenuating circumstances that affect your ability to provide the amount that the family is expected to pay. Certain adjustments are already considered in the calculation of a family's ability to meet expenses in the formula that calculates financial need. Therefore, UNC Charlotte **will not** always be able to reduce your expected contribution to meet educational costs based on your unique circumstances. Special consideration is generally given only for those circumstances described below. Typically, the only additional type of financial aid the student is eligible to receive is the federal Pell Grant. Graduate and second degree students are not eligible to receive the federal Pell Grant. The reduction in expected contribution may create more federal Subsidized Stafford Loan eligibility and thus reducing the amount of the Unsubsidized Stafford Loan. Please review our website at www.finaid.uncc.edu for more details on these types of loans.

Requirements for all applicants

- Signed copy of parent(s) completed 2008 federal tax return including all schedules and W2's
- A brief letter describing in detail the circumstances that merit consideration
- Complete Step One **and** Step Two of this form
- *Reconsideration Requests* submitted after December 1, 2009 must also include a signed copy of parent(s) completed 2009 federal tax return including all schedules and W2s

Please Note

- Do not submit this form unless it is complete and all required documentation, signatures and requirements have been met
- Incomplete *Reconsideration Requests* will not be considered
- Processing time for the *Reconsideration Request* takes 4-6 weeks. Submission of the *Reconsideration Request* in no way guarantees an adjustment to the student's financial aid and does not waive payment deadline dates. We recommend that the student complete all current award requirements and accept any financial aid that the student wishes to use to pay his/her bill.

Step One – Please Complete

Please check	Reason for Appeal	Required Documentation
<input type="checkbox"/>	Unexpected change of employment status/Significant Reduction in Income <input type="checkbox"/> Father <input type="checkbox"/> Mother (please check) *Note – Parent must be unemployed/disabled/experienced significant loss in income for at least eight consecutive weeks before completing this form	<ul style="list-style-type: none"> • Letter from previous and/or current employer (on company letterhead) stating (if applicable): <ul style="list-style-type: none"> ○ Last date of employment and severance benefits that will be received in 2009 ○ Reason for unemployment/decrease in pay ○ 2009 earnings up to the last date of employment (or last pay stub showing year-to-date earnings)
<input type="checkbox"/>	Parent's Divorce/Separation *Note – Parents must be separated for at least three consecutive months before submitting this form	<ul style="list-style-type: none"> • A copy of the divorce decree or a copy of the separation agreement or a notarized statement from each parent indicating the date of separation
<input type="checkbox"/>	Death of spouse	<ul style="list-style-type: none"> • A copy of the death certificate and/or obituary
<input type="checkbox"/>	Loss of benefits and/or untaxed income (child support, pension, workers compensation, etc) *Note – Parent(s) must have lost benefits for at least eight consecutive weeks before completing this form	<ul style="list-style-type: none"> • Documentation of year-to-date 2009 amount (if applicable) • Documentation certifying loss of benefit or untaxed income
<input type="checkbox"/>	Medical and Dental Expenses Paid in 2009 (out-of-pocket expenses not covered by insurance)	<ul style="list-style-type: none"> • The federal formula has already allowed 11% of the family adjusted gross income for medical/dental expenses. Paid medical/dental expenses not covered by insurance that are in excess of 11% of your adjusted gross income may be considered. If you meet these criteria, contact the Office of Student Financial Aid for further information.
<input type="checkbox"/>	One-time income	<ul style="list-style-type: none"> • Documentation of distribution (copy of settlement, letter from employer, Form 1099, etc)

Step Two – Please Complete

Complete the following information ONLY for the parent experiencing the reduction in income. Add income/benefits earned plus (+) the estimated amount of income/benefits to determine (equal) **Total Income and Benefits for 2009**

Father's 2009 Sources of Income <i>Please complete all items that apply or enter \$0</i>	Father **(received or earned to date)		Father (estimated to receive through 12/31/09)		Total Income/Benefits 2009
Gross Wages, Salaries and Tips (before taxes)		+		=	
Other Taxable Income (Alimony, Soc. Sec., Capital Gains, Retirement, Taxable Pensions, etc.) (type _____)		+		=	
Taxable Pensions and Annuities		+		=	
Aid to Families with Dependent Children (AFDC)		+		=	
Unemployment Benefits		+		=	
Untaxed Pensions and Annuities		+		=	
Other Untaxed Income (Disability, etc.) (type _____)		+		=	
Child Support received for all children		+		=	
Other (type _____)		+		=	

**Documentation of earnings or benefits to date must be documented

Mother's 2009 Sources of Income <i>Please complete all items that apply or enter \$0</i>	Mother **(received or earned to date)		Mother (estimated to receive through 12/31/09)		Total Income/Benefits 2009
Gross Wages, Salaries and Tips (before taxes)		+		=	
Other Taxable Income (Alimony, Soc. Sec., Capital Gains, Retirement, Taxable Pensions, etc.) (type _____)		+		=	
Taxable Pensions and Annuities		+		=	
Aid to Families with Dependent Children (AFDC)		+		=	
Unemployment Benefits		+		=	
Untaxed Pensions and Annuities		+		=	
Other Untaxed Income (Disability, etc.) (type _____)		+		=	
Child Support received for all children		+		=	
Other (type _____)		+		=	

**Documentation of earnings or benefits to date must be documented

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that if requested, we will provide documentation to support the information provided on this form after the 2009 calendar year has ended. We understand that if we have not returned this form with all the required supporting documentation within 30 days of receipt, our request will be cancelled by the Office of Student Financial Aid. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded. The Office of Student Financial Aid reserves the right to review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, we understand that the financial aid administrator's decision is final and cannot be appealed to the U.S. Department of Education.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Parent's E-mail _____

Parent's Phone Number _____

Office Use Only	
Approved <input type="checkbox"/>	Comments: _____
Denied <input type="checkbox"/>	_____
FAA/Date _____	